ClientTrack Intake – Client Information

***Begin 2-25-12**

Date of Enrollment:_____ **Staff**:_____

Intake information entered into ClientTrack by:_____ **on** _____

First Name: _____ **Last Name**:_____ **MI**:____ **Phone #** _____

Alias' *(may include maiden names, nicknames)***:** _____

Soc. Sec. #: _____
- ❑ Don't know
- ❑ Refused

Date of Birth: _____

Date of Birth Quality:
- ❑ Approximate or partial DOB reported
- ❑ Full DOB reported
- ❑ Don't know
- ❑ Refused

Age at Program Entry _____

Gender:
- ❑ Male
- ❑ Unborn
- ❑ Transgender female to male
- ❑ Transgender male to female
- ❑ Other
- ☐ Female

Pregnant?
- ❑ Yes
- ❑ No

Due date:_____

Marital Status:
- ☐ Single
- ☐ Never married
- ☐ Divorced
- ☐ Married & living w/spouse
- ☐ Married & not living w/spouse
- ☐ Common law
- ☐ Living together
- ☐ Widowed
- ☐ Other

Address:
Street Address:_____

City:_____ State:_____ Zip:_____

Email:_____

Does client have State issued ID?
- ☐ Yes
- ☐ No

HUD Grant_____

HUD Program_____

Emergency Contact Information

Name: _____

Relationship: _____

Phone:_____

Alternate Phone: _____

Ethnicity
- ❑ Hispanic/Latino
- ❑ Non-Hispanic/Latino
- ❑ Don't Know
- ❑ Refused

Does client have a disabling condition?
- ☐ Yes
- ☐ No
- ❑ Don't know
- ❑ Refused

Race
- ❑ American Indian or Alaskan Native
- ❑ Asian
- ❑ Black or African American
- ❑ Native Hawaiian or Pacific Islander
- ❑ White
- ❑ Don't Know
- ❑ Refused

Veteran Status

Veteran?
- ❑ Yes
- ❑ No
- ❑ Don't know
- ❑ Refused

If yes, Branch served: _____

Verification:
- ❑ VA Health Card
- ❑ DD214
- ❑ Other

Disabled Veteran?
- ❑ Yes
- ❑ No

Duration of Service
- ❑ Post September 11, 2001 (September 11 – Present)
- ❑ Persian Gulf Era (August 1991 – September 10, 2001)
- ❑ Post Vietnam (May 1975 – July 1991)
- ❑ Vietnam Era (August 1964 – April 1975)
- ❑ Between Korean and Vietnam War (February 1955 – July 1964)
- ❑ Korean War (June 1950 – January 1955)
- ❑ Between WWII and Korean War (August 1947 – May 1950)
- ❑ Don't Know
- ❑ Refused

Length of Stay in Prior Residence
- ❑ One week or less
- ❑ More than 1 wk., less than 1 mos.
- ❑ 1 to 3 mos.
- ❑ More than 3 mos., less than 1 yr.
- ❑ 1 yr. or longer
- ❑ Don't know
- ❑ Refused

Housing Status
- ❑ Literally homeless
- ❑ Imminently losing housing
- ❑ Unstably housed and at risk of losing housing
- ❑ Stably housed
- ❑ Don't know
- ❑ Refused

Zip Code of last PERMANENT residence of 90 days or more _____

City _____

State _____

Prior Residence (Where did the client stay the night before your program enrollment?)
- ❑ Emergency shelter (include hotel or motel pd. w/emergency funds)
- ❑ Transitional housing for homeless persons (including homeless youth)
- ❑ Permanent housing for formerly homeless persons (SHP, S+C, SRO Mod Rehab)
- ❑ Staying or living in a family member's room, apartment or house
- ❑ Staying or living in a friend's member's room, apartment or house
- ❑ Hotel or motel paid without emergency shelter voucher
- ❑ Place not meant for habitation (vehicle/abandoned house)
- ❑ Safe Haven
- ❑ Rental by client, VASH subsidy
- ❑ Psychiatric hospital or other psychiatric facility
- ❑ Rental by client, with other (non-VASH) ongoing housing subsidy
- ❑ Owned by client, with ongoing housing subsidy
- ❑ Substance abuse treatment facility or detox center
- ❑ Hospital (non-psychiatric)
- ❑ Jail, prison, juvenile detention facility
- ❑ Domestic Violence Shelter
- ❑ Foster care home or foster care group home
- ❑ Rental by client, no ongoing housing subsidy
- ❑ Owned by client, no ongoing housing subsidy
- ❑ Other
- ❑ Don't Know
- ❑ Refused

Name:_____

Chronic Homelessness Assessment: Must meet requirements in all three categories.

- ❑ Unaccompanied individual

Housing Status

- ❑ Continuously homeless for a year or more
- ❑ 4 episodes of homelessness in the past 3 years

Disabling Condition

- ❑ Substance Use Disorder
- ❑ Serious Mental Illness
- ❑ Developmental Disability
- ❑ Chronic Physical Illness or Disability

Domestic violence experience:

- ❑ Yes
- ❑ No
- ❑ Don't Know
- ❑ Refused

If yes, how long ago?

- ❑ Within the past three months
- ❑ Three to six months
- ❑ From six to twelve months ago
- ❑ More than a year ago
- ❑ Don't Know
- ❑ Refused

Special Needs/HMIS Barriers

- ❑ Alcohol abuse
  - o Rec'ing Services/Treatment __Yes __No
  - o Condition is indefinite? __Yes __No
- ❑ Drug abuse
  - o Rec'ing Services/Treatment __Yes __No
  - o Condition is indefinite? __Yes __No
- ❑ Mental Health
  - o Rec'ing Services/Treatment __Yes __No
  - o Condition is indefinite? __Yes __No

- ❑ No Barriers
- ❑ Chronic Health Condition
- ❑ Developmental disability
- ❑ HIV/AIDS
- ❑ Physical Disability

Income received from any source in past 30 days?
__Yes __No __Don't Know __Refused

Source of Income at Entrance (*amount/month*)

Cash income:

- ❑ Child support $_____
- ❑ Employment $_____
- ❑ Social Security Disability $_____
- ❑ Social Security Retirement $_____
- ❑ Supplemental Security Income $_____
- ❑ TANF $_____
- ❑ Unemployment $_____
- ❑ Private Disability Insurance $_____
- ❑ Veterans Disability $_____
- ❑ Veterans Pension $_____
- ❑ Workers Comp. $_____
- ❑ General Assistance $_____
- ❑ Other Pension $_____

Non-cash benefit received from any source in past 30 days? __Yes __No __Don't Know __ Refused

Source of Income at Entrance (*amount/month*)

Non-cash Income:

- ❑ Advanced Earned Income Tax Credit _____
- ❑ Food stamps (SNAP) $_____
- ❑ Medicaid _____
- ❑ Medicare _____
- ❑ State Children's Health Insurance _____
- ❑ Special Supp. Nutrition (WIC) _____
- ❑ Section 8, Public Housing _____
- ❑ Temporary Rental Asst. $_____
- ❑ Veterans Benefits _____
- ❑ Veterans Healthcare _____
- ❑ TANF Child Care _____
- ❑ TANF Transportation _____
- ❑ Other TANF Services _____
- ❑ Other non-cash _____
- ❑ Other source _____

Employment Assessment:

Employed

- ❑ Yes
- ❑ No

Hours worked _____

Tenure

- ❑ Permanent
- ❑ Temporary
- ❑ Seasonal
- ❑ Don't Know
- ❑ Refused

Highest Level of Education Completed:

- ❑ *No school completed*
- ❑ Nursery school to 4th grade
- ❑ 5th or 6th grade
- ❑ 7th or 8th grade
- ❑ 9th grade
- ❑ 10th grade
- ❑ 11th grade
- ❑ 12th grade, no diploma
- ❑ High school diploma
- ❑ GED
- ❑ Post-secondary school
  - ❑ Associates Degree
  - ❑ Bachelor's
  - ❑ Masters
  - ❑ Doctorate
  - ❑ Other graduate/professional
  - ❑ Certificate or advanced training or skilled artisan
  - ❑ Don't know
  - ❑ Refused
- ❑ Don't Know
- ❑ Refused

Health Assessment:

General Health Status

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor
- ❑ Don't Know
- ❑ Refused

Pregnancy Status

- ❑ Yes
- ❑ No
- ❑ Don't Know
- ❑ Refused

Child Education Assessment:

Highest grade completed

- ❑ Excellent
- ❑ Very Good
- ❑ Good
- ❑ Fair
- ❑ Poor
- ❑ Don't Know
- ❑ Refused

Current Enrollment Status

- ❑ Yes
- ❑ No
- ❑ Don't Know
- ❑ Refused

Type of School

- ❑ Public School
- ❑ Home School
- ❑ Charter
- ❑ Parochial or Other Private School
- ❑ Technical/Career
- ❑ Don't Know
- ❑ Refused

Connected to McKinney-Vento Liaison

- ❑ Yes
- ❑ No